

RECERTIFICATION

APPLICATION FOR ASBESTOS ABATEMENT CONTRACTOR

CLASS "B" LIMITED

Authority: 16 Del. Code, Chapter 78, Paragraph 7803 and
7805(9) "Asbestos and the Office of
Management & Budget.

____ 1. Name of Firm: _____

____ 2. Mailing Address (street) _____

(city) _____

(state/zip) _____

____ 3. Phone Number: _____

____ 4. Contact Person & Title: _____

____ 5. Primary Business Activity: _____

____ 6. State of Delaware Business No.: _____

____ 7. How long has the company functioned under it's
present name? _____

Years _____ Months _____

____ 8. Has the company's name changed in the past 5
years?

Yes _____ No _____

If yes, list former names and addresses:

- ____ 9. Are you certified in another State to handle asbestos materials. If yes, list states:
- _____
- _____
- _____
- ____ 10. Is your firm: An individual _____
- A Corporation _____
- An unincorporated association _____
- Other (specify) _____
- ____ 11. If incorporated or unincorporated, what is the primary legal address of your firm?
- _____
- _____
- _____
- ____ 12. List of members, partners, stockholders, officers and directors of the firm. Provide the name, address, title, and percent of ownership.
(please list on separate attachment)
- ____ 13. If the contracting firm requesting certification is owned in whole or part by another firm, or is affiliated with another firm, provide all the information requested in the previous paragraph for all members of that firm.
- ____ 14. If you answer yes to any of the questions in this section, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.

YES NO
(X) (X)

Has/is the company or any of the
parties identified in the sections above:

- | | | | |
|----|--|-------|-------|
| A. | Within the past five (5) years been a party in litigation involving laws governing contracting and asbestos abatement? | _____ | _____ |
| B. | Been charged with or convicted of any criminal offense, other than a minor motor vehicle violation? | _____ | _____ |
| C. | Been subject to, or has pending, any disciplinary action(s) or citation(s) or violation(s) by any administrative, governmental, or regulatory agency, including, but not limited to, OSHA, EPA, and DNREC? | _____ | _____ |
| D. | Now subject to any order resulting from any criminal, civil, or administrative proceedings brought against such company, persons, or parties by any administrative, governmental, or regulatory agency? | _____ | _____ |
| E. | Been denied any license/certification or had it suspended or revoked by any administrative, governmental, or regulatory agency? | _____ | _____ |
| F. | Been informed of any current or on-going investigation with respect to possible violations of such company, persons, or parties of state or federal securities, anti-trust, or municipal laws? | _____ | _____ |
| G. | Disbarred, suspended, or disqualified from contracting with any federal, state, or municipal agency? | _____ | _____ |
| H. | A defendant in any civil or criminal litigation? | _____ | _____ |

- I. Had a bonding or surety company complete or make financial settlements upon any contract in which you or your principles were interested? _____
- J. Ever been adjudicated as bankrupt under individual or any firm name whatsoever, in the State of Delaware, or any other state, or made any assignment either voluntary or otherwise, for the benefit of, or in fraud of creditors? _____
- K. Ever failed in business or to complete a contract? _____
- L. Been given a line or limit for bid or performance bond? If yes, give approximate amount, name and address of principal bonding company. _____
- ____15. Furnish copies of successful completion of asbestos course certificates for supervisors/workers.
- ____16. Furnish brief description of work experience for asbestos trained employees.
- SEND TO: Donna L. Sapp, Asbestos Licensing
State of Delaware
540 S. DuPont Highway, Suite #1
Dover, DE 19901
(302) 739-5644
(302) 739-3037-6148 - FAX

AFFIDAVIT

- A. I certify under penalty of the laws of the State of Delaware that all statements, answers and representations in this application, including all supplementary statements attached thereto, are true and accurate, and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by the department.
- B. I understand that this application is subject to verification and that I agree to provide additional documentation as required for the same purpose. I also understand that references may be contacted and that I do hereby give permission for the disclosure of information which may be needed to determine certification application validity.
- C. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for certification.

Name of Applicant (print or type)	Present Address of Applicant (print or type)
State of: _____	
County of: _____	

Personally appears _____ being duly sworn,

Deposes and saith:

That the foregoing statements of experience of the above-named applicant and all statements therein contained are true and correct and the answers of the foregoing are true to the best of my knowledge.

Signature of Applicant

Sworn before me this _____ day of _____, _____

Signature of Notary Public & Seal

Print Name & Address of Notary Public

Attach a \$100.00 non-refundable application fee made payable to the State of Delaware